

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90044 019 ***150.00

DOCUMENT # P04000041539

1. Entity Name
YEE SINGH INC.



Principal Place of Business
**2031 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

Mailing Address
**2031 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

60005808

2. Principal Place of Business - No P.O. Box #
664 N FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
664 N. FEDERAL HWY
Suite, Apt. #, etc.



01152007 Chg-P CR2E034 (12/06)

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

4. FEI Number
20-0832939

Applied For
Not Applicable

Zip
33304

Country
USA

Zip
33304

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STONE, ADELE I
% ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, PA
1946 TYLER ST
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUYNH, CHRISTINA 2031 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUYNH, TRUONG L 2031 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	664 N. FEDERAL HWY FT. LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	664 N. FEDERAL HWY FT LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 *954 527-0228*